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Offender Reentry:

**An Examination of Drug Treatment
Programs Needed to Ensure Successful Reentry**

Wednesday, February 8, 2006

Washington, D.C.

House Committee on the Judiciary

Subcommittee on Crime, Terrorism and Homeland Security

Representative Howard Coble, Chair

Representative Bobby Scott, Ranking Member

Testimony Submitted by:

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Introduction

Chairman Coble, Ranking Member Scott, Members of the Subcommittee, my name is Ken Batten, and I serve as the Single State Authority for Substance Abuse (SSA) for the Commonwealth of Virginia. I am also a member of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), where I serve as Chair of the Criminal Justice Committee.

Thank you for holding this hearing today regarding offender reentry and substance abuse treatment and its impact on American families and communities. I sincerely appreciate the focus this Subcommittee has placed on substance abuse treatment as a key part in offender reentry programs. As you examine further actions regarding reentry, we offer our support and commitment and look forward to working with you and others on this important issue.

Core Recommendations

There is no doubt that a comprehensive approach is necessary to address the needs of those leaving our jails and prisons and returning to our communities. Entities beyond corrections, including schools, child welfare representatives, businesses, and others must work together to address all the needs of reentering offenders.

As the Single State Authority for Substance Abuse (SSA) in Virginia, I manage the publicly funded State substance abuse system. I work closely with my counterpart in the Virginia criminal justice system on treatment and other reentry issues. I appreciate the opportunity to share with you my experiences.

For this hearing, I would like to offer the following core recommendations as you consider action on offender reentry:

- **Coordinate with the Single State Authorities for Substance Abuse (SSAs)**
- **Expand Access to Treatment Services**
- **Ensure Clinically Appropriate Care**
- **Promote Accountability and Outcomes Data**
- **Support Efforts Like the Second Chance Act**

Overview – Scope of the Problem

Each year nearly 650,000 people are leaving State and federal prisons, many unprepared for their return to society. Reentering offenders face many challenges including substance abuse disorders and other health problems, poor education and job skills and a lack of affordable housing. As a result, nearly two-thirds of released prisoners will be rearrested within three years.

The need for comprehensive reentry programs is clear. Successful programs, which include a strong addiction treatment component - increase public safety, save money and improve the lives of the offenders and all in the community.

Substance Abuse is a Distinct, Prominent Problem

It is estimated that 70 to 80 percent of State prisoners have histories of substance use, however, as few as 10 percent are receiving formal substance abuse treatment while incarcerated. Though resources for treatment are limited, research shows us that people can and do recover from addiction and treatment works.

Treatment Reduces Recidivism and Saves Money

Inmates who participate in residential treatment programs while incarcerated have approximately 20 percent lower recidivism rates and 35 percent lower drug relapse rates than their counterparts who receive no treatment in prison (G. Gaes et al, 1999). One study showed that those who completed an in-prison therapeutic community treatment program coupled with aftercare services were significantly less likely to be re-incarcerated: 25 percent of this population was re-incarcerated compared to 64 percent of aftercare dropouts (K. Knight et al, Prison Journal, 1988).

Our experience with prison and jail based substance use disorder programs in Virginia also demonstrates the efficacy of these programs in reducing recidivism. Further, a 1992 Virginia survey of Sheriffs, providers of substance use disorder services and jail services staff indicated that establishment of these counseling services by our agency had a significant impact on the behavior of individuals with substance abuse problems in the jails. Sheriffs reported a 21 percent decrease in the number of jail assaults; a 51 percent decrease in the incidence of negative behavior in jails; an improvement of the jail environment; and a 21 percent decrease in the number of suicide attempts in jails.

In addition, treatment saves money. According to the Council of State Governments' (CSG) Reentry Policy Report, for every \$1 spent on treatment for offenders, there is up to a \$7 crime-related cost savings. Similarly, a study in California found that in spending \$209 million on offender treatment, the taxpayers were saved \$1.5 billion 18 months later, with the largest savings in crime reduction (D. Gerstein et al, State of CA, 1994).

Recommendation: Coordinate With SSAs on Reentry Strategies

As previously stated, a comprehensive approach must be taken when building a reentry strategy. Creating a State-level coordinating committee of all necessary agencies and departments helps to identify overlapping services and populations and increase communications among agencies. Given the high rate of substance use among offenders and the positive effect of treatment on reducing recidivism rates and saving taxpayer dollars, it is imperative that State substance abuse directors are involved in the planning, implementing, reporting and evaluating of any reentry strategy.

State substance abuse directors have the frontline responsibility for managing our nation's publicly funded substance abuse prevention and treatment system. SSAs have a long history of providing effective and efficient services with the federal Substance

Abuse Prevention and Treatment (SAPT) Block Grant housed in the Department of Health and Human Services, serving as the foundation of these efforts. SSAs provide leadership to improve the quality of care; improve client outcomes; increase accountability and nurture new and exciting innovations.

SSAs implement and evaluate a State-wide comprehensive system of clinically appropriate care. They are responsible for setting clinical treatment standards for all addiction treatment services in the States. Every day, SSAs must work with a number of public and private stakeholders given the fact that addiction impacts everything from criminal justice, education, housing, employment and a number of other areas. Lack of coordination with State substance abuse agencies has been a consistent problem with discretionary grants – with the CSG Reentry Policy Report noting that “...programs often turn to state agencies for resources when their federal grants expire without giving the state adequate time to plan for the support of such requests.”

With a system already facing capacity concerns, should grant programs expire or demand exceed expectation, State substance abuse directors cannot prepare for such situations without direct involvement. As a result, initiatives regarding reentry should closely interact and coordinate with SSAs given their unique role in planning, implementing and evaluating State addiction systems. Our own experience in Virginia has demonstrated that when these systems coordinate their efforts less duplication of effort occurs, the overall product improves and better services are delivered.

Recommendation: Expand Access to Treatment

It has been shown that the most successful outcomes are found for those who received treatment while incarcerated followed up with aftercare services post release. Coordination with SSAs can help provide a seamless transition by ensuring clinically appropriate care while incarcerated and timely access to care once released.

It must be recognized that the majority of offenders who seek aftercare services will enter the publicly-funded system already at capacity leading to waiting lists for services in many areas. In order to capitalize on jail and prison substance use disorder programs however, it is critical to engage offenders in continuing care upon release. Compounding this problem, the National Survey on Drug Use and Health (NSDUH) found that over 20 million Americans needed, but did not receive substance abuse treatment due, in part, to strains on capacity in the publicly funded system. Already, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), the criminal justice system represents the principle source of referral for 36 percent of all substance abuse treatment admissions. To accommodate the number of people in need, every effort must be made to expand prevention and treatment capacity.

Policies that increase access to and resources for treatment services are necessary in order for State systems to be able to absorb additional admissions. One example is a strong commitment to the SAPT Block Grant – funding directed to every State and Territory that represents approximately 40 percent of prevention and treatment expenditures for SSAs. Other support comes out of Department of Justice (DOJ) through programs such as

Drug Courts, Byrne/Justice Assistance Grants and the Residential Substance Abuse Treatment (RSAT) program.

Strengthen Prevention Services and Infrastructure

It is also important to remember that infrastructure is needed to provide the capacity and resources for developing efficient and effective programs to prevent and reduce drug related crimes. SAMHSA's Center for Substance Abuse Prevention (CSAP) has been partnering with SSAs to develop this fundamental infrastructure in a number of States through the State Prevention Framework State Incentive Grant (SPFSIG). Other partners in the federal prevention portfolio include the Department of Education's Safe and Drug Free Schools and Communities (SDFSC) State Grants program and Enforcing Underage Drinking Laws (EUDL) housed in the Department of Justice (DOJ).

Recommendation: Ensure Clinically Appropriate Care

The research findings of the National Institute of Drug Abuse (NIDA) classifies substance abuse as a brain disease. Research recognizes that effective drug and alcohol treatment should contain both medical and behavioral therapy components - in addition to a broad array of social support services.

State substance abuse agencies are responsible for developing and enforcing treatment standards for providers. Each State has a unique set of provider standards based on research and practical experience unique to that State's organizational structure and treatment needs. State licensure and certification laws help protect consumers from receiving inappropriate or substandard care.

Studies have shown that clinically appropriate services, including screening, assessment, referral, individualized treatment plans within the appropriate level of care and for the indicated duration of treatment, along with aftercare and other supports, provided by qualified staff help people enter into recovery.

Support the Development of Addiction Workforce

A key challenge for many States in enhancing the quantity and quality of treatment services is recruiting, training, and retaining qualified treatment professionals. Effective addiction counseling is a skill that must be learned and developed. Salaries for counselors average about \$30,000 per year, which is low for such skilled and emotionally challenging work.

There is a shortage of trained counselors and that shortage is likely to grow. According to the Bureau of Labor Statistics (BLS), a total of 61,000 individuals were employed as substance abuse and behavioral disorders counselors in 2000; by 2010, the Department of Labor (DOL) projects there will be a need for an additional 21,000 counselors, a 35 percent increase. A similar increase in demand is anticipated for licensed professionals who have received graduate-level educations.

To reverse this trend, initiatives to increase related scholarships and offer student loan repayment must be considered on a State and federal level.

In addition, SAMHSA has funded fourteen Addiction Technology Transfer Centers (ATTCs) that provide training to people working in the field across the nation. The ATTCs are currently involved in a major leadership development initiative. In Virginia, we rely heavily on the Mid-Atlantic ATTC to provide intensive training to prepare entry-level counselors for certification, and to organize our annual week long summer institute staffed by national experts and attended by over 700 addiction professionals.

Recommendation: Build Accountability and Outcomes

Coordination with the State substance abuse agencies also improves accountability.

Currently, many federal grants to address substance abuse treatment do not require a link to the State Agencies for the purpose of reporting client level data to a central repository. It is important for common standards and outcome measurements be used when collecting data in order for findings and outcomes to be accurate and complete. Collecting accurate data and sharing information can help improve collaboration and fine-tune services to better address populations.

Continue technical assistance and support for reporting the National Outcomes Measures (NOMs)

Over the past several years my staff in Virginia has collaborated with staff from SAMHSA and NASADAD to develop outcomes measures to document treatment effectiveness. This process culminated last year with the development of the National Outcomes Measures (NOMs). SAMHSA and the States are working to have all States report NOMs by the end of FY 2007. As we began this process, approximately one-third of the States could initially report NOMs, another one-third could do so with some resources and the remaining States requiring added resources and time. Virginia was recently awarded a contract to begin reporting NOMs under the State Outcomes Measurement and Management System (SOMMS).

In addition to the NOMs, VaDMHMRSAS has been working to link our client data to data on arrests and employment history at the Virginia State Police and the Virginia Employment Commission. These processes, while maintaining compliance with federal regulations regarding client confidentiality, present exciting opportunities to document treatment effectiveness and maintain a continuous quality improvement approach to managing public resources. Documenting outcomes at the State level will continue to require significant resources to refine state data systems. To maintain recent progress in this area, support for SOMMS and for the Drug Abuse State Information Systems (DASIS) is critical.

Continue to Support Research

It is essential to use the data collected and conduct additional research on the impact addiction services have on offender reentry. SSAs strongly urge the National Institute of Justice (NIJ) and the Bureau of Justice Statistics (BJS) to collaborate with the National Institute on Drug Abuse (NIDA), National Institute of Alcohol Abuse and Alcoholism (NIAAA), and States as they continue studies regarding prisoner reentry efforts. NASADAD applauds NIDA, lead by Dr. Nora Volkov, for working with SSAs and NASADAD to translate research into everyday practice.

Recommendation: Support Efforts Like the Second Chance Act

NASADAD strongly supports the Second Chance Act. This legislation works to increase the availability of treatment and aftercare services by expanding current grant programs and encouraging collaboration among State and federal agencies - including SSAs. The Second Chance Act lays the foundation of the comprehensive approach I mentioned before that is necessary to address offender reentry. It will help establish State level committees to develop well coordinated reentry plans. It also pulls together federal agencies to organize initiatives at the national level as well as a national reentry resource center to disseminate technical assistance and best practices. This will greatly help States and communities share information and knowledge on what works.

Conclusion

Once again, I would like to thank the Subcommittee for inviting me here today to testify on State substance abuse systems and their role in offender reentry. I would be happy to answer any questions.



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KEY NASADAD POLICY PRIORITIES

- Strengthen State Substance Abuse Systems and the Office of the Single State Authority (SSA)
- Expand Access to Prevention and Treatment Services
- Implement an Outcome and Performance Measurement Data System
- Ensure Clinically Appropriate Care
- Promote Effective Policies Related to Co-occurring Populations

POLICY BRIEF: OFFENDER REENTRY

Overview

Each year over 650,000 people are leaving prison unprepared for their return to society. Many have untreated substance use disorders, lack adequate education and job skills and face homelessness. These factors help explain why, within three years, nearly two-thirds of released prisoners will be rearrested and return to prison.

Vital Role of State Substance Abuse Directors

State substance abuse directors, also known as Single State Authorities (SSAs), have the front line responsibility for managing our nation's publicly funded substance abuse prevention and treatment system. SSAs have a long history of providing effective and efficient services with the Substance Abuse Prevention and Treatment (SAPT) Block Grant serving as the foundation of these efforts. SSAs provide leadership to improve the quality of care; improve client outcomes; increase accountability and nurture new and exciting innovations.

SSAs implement and evaluate a State-wide comprehensive system of clinically appropriate care. Every day, SSAs must work with a number of public and private stakeholders given the fact that addiction impacts everything from education, criminal justice, housing, employment and a number of other areas. As a result, Federal initiatives regarding reentry should closely interact and coordinate with SSAs given their unique role in planning, implementing and evaluating State addiction systems.

Recidivism Rates Drop with Treatment and Aftercare Services

The Council of State Governments' (CSG) Report of the Reentry Policy Council (2005) stated, "substance abuse treatment can reduce both criminal activity and drug use, particularly when in-prison treatment is coupled with community-based aftercare." It is important that corrections administrators work with SSAs in the planning, implementing and evaluating of programs in order to achieve the highest levels of success.

"America is the land of second chance, and when the gates of the prison open, the path ahead should lead to a better life."

-President George W. Bush, 2004 State of the Union Address

State Prison Population

- **80%** report histories of drug or alcohol abuse
- **55%** report using drugs or alcohol when committing the crime that resulted in their incarceration
- **90%** have not received formal substance abuse treatment during incarceration
- **75%** recidivate when no treatment is received while incarcerated
- **27%** recidivate when treatment is received while incarcerated
- **\$1** spent on treatment yields **\$7** in future savings

Addressing Offender Reentry

- Coordinate with Single State Authorities (SSAs) for Substance Abuse
- Expand Access to Treatment
- Strengthen Prevention Services and Infrastructure
- Support the Development of Addiction Workforce
- Continue to Support Research

Coordination with Single State Authority (SSA)

Given the high rate of substance use disorders among offenders reentering our communities and positive effect of treatment on reducing recidivism, it is imperative that SSAs are involved in planning, implementing and evaluating any reentry strategy.

The Residential Substance Abuse Treatment (RSAT) program, housed within the Department of Justice (DOJ), acknowledges the importance of collaboration by requiring grantees to coordinate with SSAs when designing and implementing treatment programs.

As noted by the Council of State Governments' (CSG) Report of the Reentry Policy Council, it is vital to "ensure that individualized, accessible, coordinated, and effective community based substance abuse treatment services are available."

Expanding Access to Treatment

The National Survey on Drug Use and Health (NSDUH) found that over 20 million Americans needed, but did not receive substance abuse treatment due, in part, to strains on capacity in the publicly funded system. Already, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), the criminal justice system represents the principle source of referral for 36 percent of all substance abuse treatment admissions. With 650,000 offenders returning to our cities and towns, many in need of services, every effort must be made to expand prevention and treatment capacity.

Policies that increase access to treatment services are necessary in order for State systems to be able to absorb additional admissions. One example is a strong commitment to the SAPT Block Grant – funding directed to every State and Territory - that represents approximately 40 percent of prevention and treatment expenditures for SSAs. Other support comes out of DOJ through programs such as RSAT and the Reentry Demonstration Grants.

Strengthen Prevention Services and Infrastructure

Any crime prevention strategy requires a sound alcohol and other drug prevention infrastructure in each State. Infrastructure is needed to provide the capacity and resources for developing effective programs to prevent and reduce alcohol and other drug related crimes. SAMHSA's Center for Substance Abuse Prevention (CSAP) has been partnering with SSAs to develop this fundamental infrastructure in a number of States through the State Prevention Framework State Incentive Grant (SPFSIG).

Support the Development of Addiction Workforce

A key challenge for many States in enhancing prevention and treatment services is recruiting, training, and retaining qualified treatment professionals. Effective addiction counseling is a skill that must be learned and developed. Salaries for counselors average about \$30,000 per year, which is low for such skilled and emotionally challenging work.

There is a shortage of trained counselors and that shortage is likely to grow. According to the Bureau of Labor Statistics (BLS), a total of 61,000 individuals were employed as substance abuse and behavioral disorders counselors in 2000; by 2010, the Department of Labor (DOL) projects there will be a need for an additional 21,000 counselors, a 35 percent increase. A similar increase in demand is anticipated for licensed professionals who have received graduate-level educations.

To reverse this trend, initiatives to increase scholarships and offer student loan repayment to those working in the field must be considered on a State and federal level.

Continue to Support Research

It is essential to conduct research on the impact addiction services have on offender reentry. SSAs strongly urge the National Institute of Justice (NIJ) and the Bureau of Justice Statistics (BJS) to collaborate with the National Institute on Drug Abuse (NIDA), National Institute of Alcohol Abuse and Alcoholism (NIAAA), and States as they continue studies regarding prisoner reentry efforts.



NASADAD's mission is to promote effective and efficient State substance abuse service systems.

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